

APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATE RENEWAL

Name (First, Middle Initial, Last): _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Your Certificate Grade: _____ Certificate Number: _____ E-Mail Address _____

Your Current Classification or Title: _____

Name of Plant Where Employed: _____

Work Phone: (____) _____ Home Phone: (____) _____

Supervisor's Name: _____

Supervisor's Title: _____ Supervisor's Work Phone Number: (_____) _____

EMPLOYER: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

NOTICE REGARDING INFORMATIONAL MATERIALS

The Office of Operator Certification receives requests from employers seeking certified operators for vacant positions and organizations that provide professional training courses. If you so choose, we will place your name, address and certificate grade level on our web site and on our printed mailing lists. If you wish to be included, please initial in the box above. By doing so, you are authorizing the Office of Operator Certification to release your name, certificate grade level and address.

Mark the appropriate box below and submit your renewal fee with this form **before the expiration date shown on your certificate.** (*) Make check or money order payable to State Water Resources Control Board.

RENEWAL FEES:

- | | | |
|--------------------------|--------------|------------------|
| <input type="checkbox"/> | \$95 | GRADE I |
| <input type="checkbox"/> | \$130 | GRADE II |
| <input type="checkbox"/> | \$170 | GRADE III |
| <input type="checkbox"/> | \$190 | GRADE IV |
| <input type="checkbox"/> | \$190 | GRADE V |

(*) You must include a \$50 Reinstatement fee in addition to the renewal fee if your certificate has expired. You must also certify by signing below that you have not been employed in the operation of a wastewater treatment plant after the date your certificate expired.

 Signature

 Date